MBL 2016 Tour Registration Form

Tour date requested: _________________________ Time: _________________________
Alternative date: ____________________________________________________________
Name of Organization/School: _________________________________________________
Contact Name: ___________________________________________________________________
Address: ___________________________________________________________________
E-mail: ___________________________________________________________________
Phone: _________________________ Fax: _________________________

Day of Tour Contact Person: __________________________________________________
Day of Tour Cell Phone: _____________________________________________________

Number in Group**: ________  Age: ________Grade: ______  Number of Chaperones: ______
Special interests of group: _____________________________________________________

**Tours are limited to 15 people per group. Please plan accordingly.

Do you plan to visit any other institutions in Woods Hole? If yes, which ones?
___________________________________________________________________________________

What do you expect to benefit from your visit to the Marine Biological Laboratory?
___________________________________________________________________________________
___________________________________________________________________________________

Please return this completed form no later than two weeks before the tour date requested to:

Pam Wilmot | Marine Biological Laboratory | 7 MBL Street – CH200 | Woods Hole, MA 02543
Fax: 508-289-7934 | pwilmot@mbl.edu

Please note: This registration form will provide the Marine Biological Laboratory with useful information in accommodating requests. It does not guarantee a reservation for a tour. Please call to confirm your reservation five days prior to your arrival at 508-289-7423.

NOTE: Tour groups must call ahead (508) 289-7423 or 7623 if they are running late. Any tour groups that do not show up within 15 minutes of their scheduled tour and who have not called to let us know they are running late, will be cancelled. Tour coordinator initial here: ______________

Office use only:

Tour guide name: ______________________________ Audio Visual: Yes ☐ No ☐
Presentation Room: _____________________________ Parking: ☐